

FILED JUL -16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25737**

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 290 | | PRIMARY REG. DIST. NO. 5985 | | Registrar's No. 87 | |
| 1. PLACE OF DEATH a. COUNTY Pulaski | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood | | c. LENGTH OF STAY (in this place) 8 days | | c. CITY OR TOWN Fort Leonard Wood | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION U S Army Hospital | | | | e. STREET ADDRESS (If rural, give location) 108 Pulaski Lieber Heights | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) MICHAEL | | b. (Middle) GABRIEL | | c. (Last) URBAN | |
| 5. SEX Male | | 6. COLOR OR RACE Cau | | 7. MARRIED NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) | | 8. DATE OF BIRTH June 23, 1957 | |
| 9. AGE (In years last birthday) | | 10. MONTHS 12 | | 11. DAYS 12 | | 12. IF UNDER 1 YEAR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A | | 10b. KIND OF BUSINESS OR INDUSTRY N/A | | 11. BIRTHPLACE (City and State or Foreign Country) Fort Leonard Wood, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Boniface J Urban | | 13b. MOTHER'S MAIDEN NAME Gerda Bernhard | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W King Jr USAH Ft Leonard Wood, Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute infantile diarrhea ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Septicemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7680 | | | | INTERVAL BETWEEN ONSET AND DEATH 9 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from June 27, 1957 , to July 4, 1957 , that I last saw the deceased alive on July 4, 1957 , and that death occurred at 10:15P m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE William J. Hall, Capt MC | | (Degree or title) C | | 23b. ADDRESS U S Army Hospital Fort Leonard Wood, Missouri | | 23c. DATE SIGNED July 4, 1957 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 7-5-57 | | 24c. NAME OF CEMETERY OR CREMATORY Unknown | | 24d. LOCATION (City, town, or county) (State) Tulsa Oklahoma | |
| DATE REC'D BY LOCAL REG. 7-5-57 | | REGISTRAR'S SIGNATURE Paul J. Anderson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WEDGES FUNERAL HOMES INC CROCKER MO | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-6-57
Pulaski County Health Officer
87
File Number
Date Filed 7-5-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moore

Licensed Embalmer No. 488

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.